

MICHIGAN POLICE SHOOT REGISTRATION FORM

SHOOT DATE: SEPTEMBER 8, 2005



ATTENTION: All shooters will be required to execute a liability of waiver form on the day of the shoot.

REGISTRATION FEES: Entry forms **MUST** be received on or before Thursday, September 1, 2005, **AND** have an entry fee of \$25.00 per shooter. Late registrations, if accepted, will be \$30.00. Retiree's late registrations, if accepted, will remain at \$25.00 per shooter.

COMPLETE AND RETURN FORM ALONG WITH PAYMENT TO:

Michigan State Police, Training Division, ATTENTION: Nancy Shaffer, 7426 N. Canal Rd., Lansing, MI 48913.

MAKE CHECKS PAYABLE TO: Michigan Association of Chiefs of Police.

PLEASE PRINT OR TYPE THE NAME OF EACH SHOOTER for each team. Make sure to enter the team captain's name where indicated, and identify any female shooters. Substitutions will be permitted until the match begins.

TEAM #1		<u>RELAY NO.</u>	<u>TARGET NO.</u>
Team Captain:			
2 nd Shooter:			
3 rd Shooter:			
4 th Shooter:			
5 th Shooter:			
TEAM #2		<u>RELAY NO.</u>	<u>TARGET NO.</u>
Team Captain:			
2 nd Shooter:			
3 rd Shooter:			
4 th Shooter:			
5 th Shooter:			
TEAM #3		<u>RELAY NO.</u>	<u>TARGET NO.</u>
Team Captain:			
2 nd Shooter:			
3 rd Shooter:			
4 th Shooter:			
5 th Shooter:			
TEAM #4		<u>RELAY NO.</u>	<u>TARGET NO.</u>
Team Captain:			
2 nd Shooter:			
3 rd Shooter:			
4 th Shooter:			
5 th Shooter:			

REQUIRED INFORMATION-PLEASE PRINT OR TYPE

Department Name: _____
 Department O.R.I. Number: _____
 Number of Full Time Sworn Personnel - 07/01/05 _____
 Contact Person-Name: _____
 Mailing Address: _____
 Phone: (____) _____

CHIEF'S MATCH

I am planning to enter the Chief's match? **Yes** ____ **No** ____
 Have you ever won the chiefs match gun? **Yes** ____ **No** ____

(Chief, Sheriff, Commissioner, Director of Public Safety)

Rank and Name: _____